

# Lead Update

July 2000

## Inside this Issue

- |          |  |
|----------|--|
| <b>1</b> | 2000 Lead Poisoning Prevention Month Results |
| <b>1</b> | Documentation of Lead Screening in Schools   |
| <b>2</b> | News for RI Licensed Lead Professionals      |

## Childhood Lead Poisoning Prevention Program Contacts

### Division of Family Health

*Peter Simon, MD*  
Medical Director  
*Magaly Angeloni, BS*  
Program Manager  
*Ana Novais-Pittman, MA*  
Outreach & Education Coordinator  
*Pat Raymond, RN*  
Providers' Liaison

### Occupational Health

#### Environmental Lead Program

*Marie Stoeckel, CIH* - Chief  
*Al Cabral, BS* - Supervising Industrial Hygienist  
*Sue Feeley, MPH* - Epidemiologist

### Environmental Health Risk

#### Assessment

*Bob Vanderslice, PhD* - Chief

### Laboratories:

*Jim Sullivan, PhD* - Chemistry Branch  
*Helen McCarthy, PhD* - Environmental

Rhode Island Department of Health  
Childhood Lead Poisoning Prevention Program  
3 Capitol Hill, Room 302  
Providence, RI 02908-5097

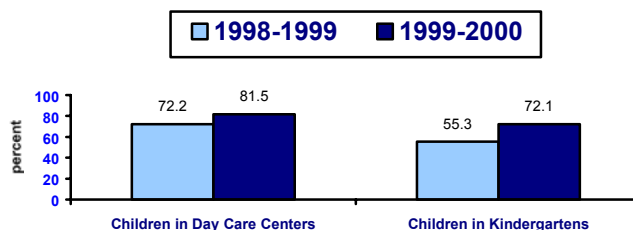
## Lead Poisoning Prevention Month Results

Our second year celebrating Lead Poisoning Prevention Month was a success with significant community participation in statewide education and health promotion activities. This year's program included partnerships with hardware stores for a "health day", community based agencies for workshops and health fairs, media appearances to disseminate the prevention message in our communities and pediatricians "courtesy" visits by the program's staff. A calendar of activities was developed and mailed to all our partners. Daily updates were available on our web site.

## Documentation of Lead Screening in Schools

Rhode Island's state law requires every child under 6 years of age to get a blood test every year for lead poisoning. In response to this requirement, statewide surveys were conducted to assess documentation rates of lead screening as a requirement to school enrollment since the 1998-1999 school year. In the 1998-1999 school year, 142 day care centers with 6,682 children, and 184 kindergartens with 8,048 children were surveyed. In the 1999-2000 school year, 260 day care centers with 10,808 children, and 234 kindergartens with 12,025 children were surveyed. For both surveys, length of residence in RI was unavailable.

The proportion of children who have documentation of being screened for lead poisoning was higher in day care centers than in kindergartens for both school years. Among children in kindergartens, five core cities had lower rates of lead screening than the rest of Rhode Island for both school years.



## Percentage of children who have documentation of Lead screening in School Record

Source: RI Annual School Immunization Survey

[www.healthri.org](http://www.healthri.org)

1-800-942-7434

MAKE HEARTH PART OF YOUR FAMILY

ever had lead poisoning (20 ug/dl or higher) who now have lead levels below 15 ug/dl.

★ In Rhode Island children 0-36 months of age with a history of lead-poisoning, this percentage has been increasing, rising from 47% as of January 1, 1997 to 68% as of January 1, 1999

To assess how well the program is doing in the areas of screening and health education, the Childhood Lead Poisoning Prevention Program conducted a door-to-door community assessment targeting hard-to-reach population, that was:

- Tailored to meet ongoing client and program information needs
- Conducted following the Rhode Island Lead Poisoning Prevention Month in May, during Summer of 1999.
- Staffed by a "team" from each community composed of one parent and one college student. The participation was based on census tract list representative of economically depressed areas of five core Rhode Island cities (Central Falls, East Providence, Pawtucket, Providence and Woonsocket).

### **The Goal**

- To increase the level of awareness of lead poisoning dangers, and services provided by the Lead Program.
- To determine the status of lead prevention in the selected communities
- To have a better knowledge of the target communities / population profile.

### **Program Components**

#### **Education**

One-on-one peer education sessions with use of incentives (sippy cups and magnets with the 1-800 number).

#### **Outreach**

Distribution of brochures from other programs within the

Division of Family Health such as WIC and Immunization.

#### **Screening & Referral**

At each home visit the team assessed if the children living in the home had been screened for lead and when needed gave parents a "voucher" to take their children for screening.

#### **Community Assessment Survey**

Objective: to characterize the demographic and social make-up of the target communities.

#### **Program Evaluation**

- Are we providing the community with the information they need, in a culturally and sensitive way, so they can relate to it and make sense of it?
- Is the target population using available services?
- What has been the impact of educational messages (from campaign and non-campaign modalities) in the levels of awareness, knowledge and attitudes/behavior?

#### **Follow-up**

To assess the effectiveness of the educational component follow-up telephone surveys were conducted by the Parent Consultant during the months of December 1999 and January 2000.

#### **Findings**

##### **Access to Health**

- 90% of respondents have some kind of insurance coverage.
- 97% of children has insurance coverage.
- 97% of children has a regular doctor

##### **Lead Screening**

- 72% of families with children under six stated that all children had been screened

- 13% stated that none of the children had been screened

##### **Lead awareness**

- 77% of respondents haven't heard about the Family Health Information Line
- 80% of respondents were aware of Lead Problem in Rhode Island

##### **Lead Knowledge**

- 79% of respondents knew that lead poisoning is preventable
- 85% of respondents knew where to go to have children tested
- 72% knew where to go for help if confronted with a lead poisoned child.

# **NEWS for Pediatricians and Primary Care Providers**

## **RI's Lead Screening Guidelines is under review. Your input is important!**

The existent Lead Screening Guidelines are currently under review. Primary care providers and others involved in serving young children and in the health care arena are invited to give us feedback on this document, which, once finalized, will constitute the backbone of the state's screening plan. Copies of the draft document can be found by calling 222-5921 or visiting our web page, at [www.health.state.ri.us/family/lead/leadhome.htm](http://www.health.state.ri.us/family/lead/leadhome.htm), clicking on "Information to providers" and selecting the "Draft Screening Guidelines."

## **Quality Improvement in collaboration with Managed Care Organizations**

Meetings between the Director of HEALTH and representatives of the state's Managed Care Organizations in the Fall of 1999 led to a genuine collaboration of both parties in the formulation of Quality Assurance/Quality Improvement strategies for children's health issues. Under this umbrella, lead poisoning is the first issue for discussion on the table.

## **KIDS NET systematic reporting of children "never screened"**

Providers connected and inputting immunization data in the KIDS NET system will soon receive a list of their 15-month or older enrolled patients with no evidence of a lead-screening test. Starting next month, reports will be generated monthly on an ongoing basis and sent directly to pediatric practices.

## **Pediatricians office outreach**

Last year, if your practice was located in Providence, Pawtucket, Central Falls, East Providence, Cranston, Johnson, Woonsocket, Warwick, West Warwick or Newport, we visited you and offered you posters and promotional items. This year, pediatricians practices in all other cities and towns will receive a courtesy visit from the Lead Program's staff during May 2000, as part of "Lead Month."

## **Extended area covered by VNA of Care New England**

VNS Home Care has chosen not to renew their Home Visiting contract as of April 1, 2000. Starting this date, VNA of Care New England will add to its regions the area formerly served by VNS Home Care, which includes the cities of: Exeter, North Kingstown, Jamestown, Hopkinton, Richmond, South Kingstown, Narragansett, Westerly, Charlestown, and New Shoreham. VNA of Care New England will offer lead education home visits to significantly lead poisoned children (confirmed lead levels of 20 µg/dl) in this area. In addition, they will continue to offer preventive lead education home visits to all Rhode Island children with moderately elevated lead levels (venous tests of 15 to 19 µg/dl with no prior test above 14 µg/dl), as it has been doing since March of 1999.

---

[www.healthri.org](http://www.healthri.org)

**1-800-942-7434**

MAKE HEALTH PART OF YOUR FAMILY

# NEWS for RI Licensed Lead Professionals

## LICENSE 2000 AND ENACTMENT OF EMERGENCY REGULATIONS

In an informational memorandum dated 8 May 2000, the Environmental Lead Program informed about the implementation of a new licensing program in the Department of Health, LICENSE 2000, as well as the need to enforce licensing regulations exactly as written in the RI Rules and Regulations for Lead Poisoning Prevention, (R23-24.6.PB). It was also indicated that the Environmental Lead Program was drafting amendments to the above regulations in order to simplify the licensing process.

We are pleased to inform that LICENSE 2000 was officially introduced June 6, 2000. All individuals and firms holding a license with the Department of Health are licensed through this software. The program provides a public web-based lookup of all licensed individuals. The internet site to obtain additional information on LICENSE 2000, or to link to the search function is:

<http://www.health.state.ri.us/L2K/license.htm>

We are currently working to update all information regarding lead licenses and anticipate that all information will be current by July 1, 2000. For any errors found in the licenses, please contact Donna Poissant at (401) 222-2438.

The program would also like to inform you that Emergency Amendments to the regulations were enacted on 7 June 2000 and are effective immediately. The regulations are in the process of being printed and will be posted on the Department of Health's regulation web page:

<http://www.health.state.ri.us/regs.htm>

Below is a **brief summary** of the major changes.

- 1) All initial license applications must be submitted with 1 year of completion of the appropriate training course.
- 2) Refresher courses may be taken at any time within the term of the license.
- 3) There is no longer a grace period for late fees. All renewals of expired licenses will be subject to a late fee.
- 4) Expired licenses may be reinstated up to six months after expiration as long as you have taken a refresher within the previous 12 months. Otherwise, the appropriate initial training course must be retaken.
- 5) Lost license replacement fees have been reduced to \$10.
- 6) Reciprocity is now offered, under certain conditions, for the site-supervisor license.
- 7) The apprenticeship requirements for becoming a Lead Inspector have been changed.
- 8) Under certain circumstances, Inspector Technicians may now conduct clearance inspections without the supervision of a Lead Inspector.

For questions regarding the Licensing Program, please contact Alfred Cabral at (401) 222-1417.

---

[www.healthri.org](http://www.healthri.org)

1-800-942-7434

MAKE HEARTH PART OF YOUR FAMILY